



COVID-19 Guidance for Correctional Facilities in Utah

Who is the guidance for?

This document provides interim guidance specific to correctional facilities during the outbreak of novel coronavirus disease 2019 (abbreviated "COVID-19") to protect the health and safety of inmates, staff and visitors. Recommendations may be revised as more information becomes available.

Why is the guidance being issued?

Information provided is intended to help correctional facility staff and their partners understand how to help prevent the transmission of COVID-19 among staff and inmates. It also aims to help facilities and partners react quickly should a case be identified. The guidance includes considerations to help administrators plan for effective continued operation if there is community spread of COVID-19.

What is the role of correctional facilities in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel (new) virus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping spread (transmission) of the virus through everyday practices is the best way to keep people healthy.

Correctional institutions pose special risks and considerations due to their unique characteristics. Inmates are in mandatory custody and options are limited for isolation and removal of ill persons. The workforce must be maintained, and options are limited for work alternatives (e.g., working from home, or reduced/alternate schedules). In addition, staff or inmates may have medical conditions that increase their risk of COVID-related complications. The focus of this guidance is on general preventive measures for institutions, risk reduction of introduction of the virus into institutions, rapid detection of persons with COVID-19, and management and isolation of identified cases.

Symptoms of COVID-19

Patients with COVID-19 may have mild to severe respiratory illness. Symptoms can include fever, cough, and shortness of breath. Symptoms may appear 2–14 days after exposure to the virus. It is important to recognize that other respiratory diseases (e.g., common cold and influenza) may be circulating in the community at the same time as COVID-19.

General guidance for correctional facilities that *do not* have COVID-19 identified in their population:

As the global outbreak evolves, correctional facilities should plan and prepare for the possibility of community-level outbreaks that could introduce COVID-19 to the incarcerated population.

General prevention recommendations

- Encourage all persons within the facility to cough and/or sneeze into the elbow or sleeve or cover their cough/sneeze with a tissue. Throw all tissues in the trash after use. Maintain good hand hygiene by washing with soap and water for at least 20 seconds (the amount of time it takes to sing Happy Birthday *twice*), or using an alcohol-based hand sanitizer, especially after coughing or sneezing. Avoid touching eyes, nose and mouth without cleaning hands.
- Make the means for appropriate hand cleansing readily available within the facility, including intake areas where inmates are booked and processed, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas. Eating utensils should be washed either in a dishwasher or by hand with water and soap. Cups and utensils should not be shared until after washing. Clean “high-touch” surfaces (i.e., doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, inmate cell bars) as frequently as possible.
- [Respiratory hygiene/cough etiquette](#) should be implemented beginning at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in the facility.

Reducing risk of COVID-19 entering the facility

- Exclude any visitors who had COVID-19 in the 14 days prior or who still have symptoms of COVID-19.
- Potential visitors should be informed that anyone who has had COVID-19 symptoms in the 14 days prior or who still has symptoms may not enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility. For example, facilities can ask inmates to inform their family members and visitors. Visitors should also be informed about the exclusion of symptomatic individuals via signage (e.g., posters) in visiting areas.
- Staff with fever, coughing, or shortness of breath should stay home (or be sent home if they develop symptoms) and remain at home for 24 hours after symptoms resolve.

Rapid Detection of Cases

- Instruct inmates and staff to report symptoms of fever, cough, and shortness of breath to the facility health care professional at the first sign of illness.
- Evaluate incoming inmates and isolate inmates with cough, fever, and shortness of breath.
- Consider daily temperature checks in units where COVID-19 cases are identified.

Protection of the correctional facility workforce

- Strict adherence to general hygiene practices should be followed. See [Hand Hygiene in Healthcare Settings](#) and [Respiratory Hygiene/Cough Etiquette](#).
- Inmates and staff with coughing, fever or shortness of breath should wear a mask in order to help prevent transmission of COVID-19 or other respiratory pathogens to close contacts.

Guidance for correctional facilities *with identified COVID-19 cases* in their population:

If known or suspected cases of COVID-19 are identified among inmates or staff, correctional facility administrators may need to take additional steps to prevent the spread of COVID-19 within the facility. The first step for correctional facilities in this situation is to talk with local health officials. The guidance provided here is based on current knowledge of COVID-19. As additional information becomes available about the virus, how it spreads, and how severe it is, this guidance may be updated. Administrators are encouraged to work closely with local health officials to determine a course of action for their correctional facility.

Staff caring for sick inmates should follow the [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

- Monitor the number, severity, and location of confirmed or suspect COVID-19 cases in the facility.
- If there is confirmed or suspect COVID-19 cases in the facility, cancel internal group gatherings and stagger group meals and activities to provide more personal space between individuals. Consider modifying or suspending visitation temporarily.
- Separate inmates with confirmed COVID-19 by placing them in individual cells when possible.
- If multiple inmates become ill with COVID-19, establish a designated unit in the facility specifically for sick persons. Designate staff to care for these individuals only, and do not permit these inmates to circulate in other parts of the facility. Limit movement of designated staff to other parts of the facility to decrease the risk of staff spreading COVID-19. Staff in this unit should wear personal protective equipment including disposable gloves, eye protection and N95 mask respirators if feasible.
- If an inmate becomes severely ill with COVID-19, place the patient in isolation and consider transport to a healthcare facility.
- All inmates with COVID-19 should always wear a mask during transport and when in close contact with others to decrease the likelihood of transmission.
- Provide inmates with tissues, a plastic bag for the proper disposal of used tissues, and access to handwashing stations and/or alcohol-based hand sanitizers.

- Restrict movements of inmates with COVID-19 within the facility and restrict inmates with confirmed COVID-19 from leaving or transferring to or from another facility until 24 hours after symptoms resolve or the patient has two negative lab tests for COVID-19 that are 24 hours apart, whichever is longer, unless necessary for medical care, infection control, or lack of isolation space.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing.
- Assess and treat as appropriate soon-to-be released inmates with COVID-19 or other respiratory symptoms and work with community resources to ensure proper isolation and access to medical care.
- The correctional facility health care provider(s) should identify and address the special health needs of persons at high risk for complications following infection with COVID-19. Persons at high risk for complications from COVID-19 infection are persons age 65 years and older, persons of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and persons who are immunocompromised (for example, taking immunosuppressive medications or infected with HIV).
- Provide ongoing infection control education to inmates and staff. Use a variety of media (posters, newsletters, videos) to increase the likelihood that employees and inmates will comply with infection control recommendations.

Additional Resources:

Correctional facilities seeking more specific guidance may wish to refer to the Surveillance and Infection Control section of the Pandemic Influenza Plan developed by the Federal Bureau of Prisons (https://www.bop.gov/resources/pdfs/pan_flu_module_1.pdf). Although this document was produced for pandemic influenza most of the Infection Control Measures described are the same for COVID-19.

General CDC guidance for facility management includes:

Quality and Safety Oversight: <https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>

Infection Control: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>

Hand Hygiene: <https://www.cdc.gov/handhygiene/providers/index.html>